

Name
in
Full

Henrietta Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i>		Town		<i>Norchester</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>13</i>		Age <i>80</i>		Years <i>yo</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>—</i>		Months		Days	
Married, Single or Widowed <i>Married</i>				Occupation <i>Domestic</i>					
Name of Wife or Husband <i>Levin Adkins</i>									
Father's Name <i>Don't know</i>				Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>—</i>					
Name of parson giving information <i>Colverne G. Butler</i>				How related to deceased <i>Wife</i>					

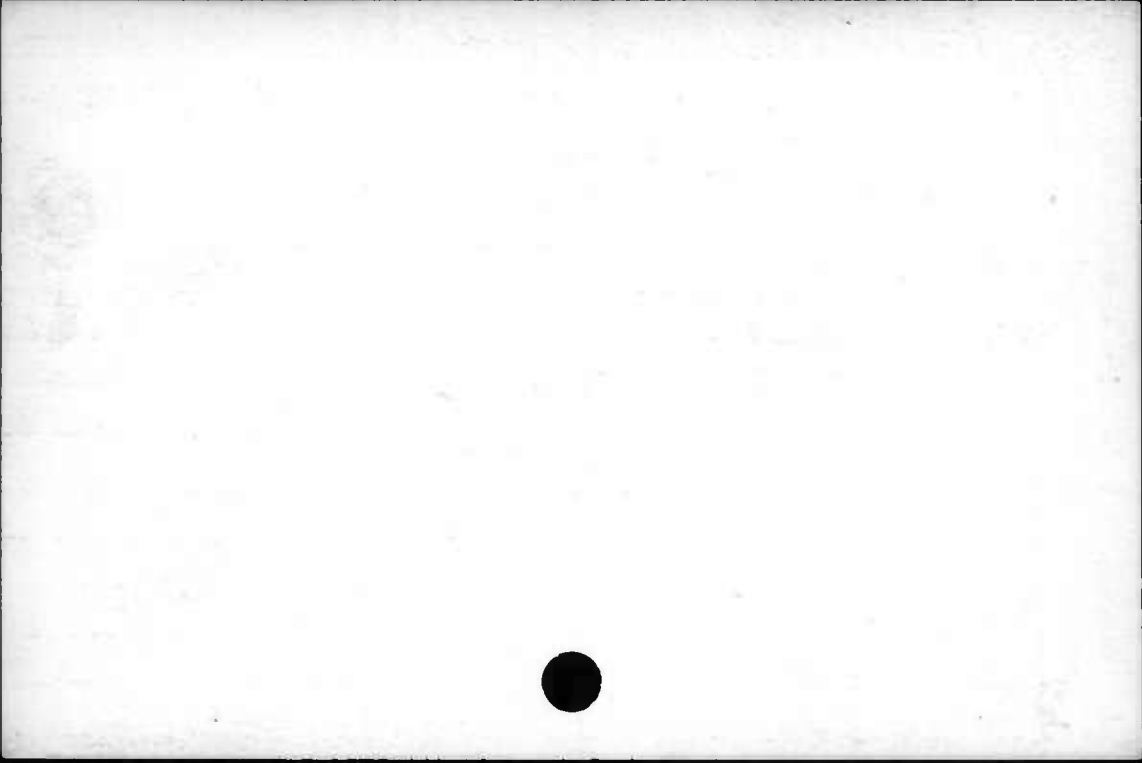
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Plumage & Endocarditis</i>		How long <i>3 Wks</i>	
Immediate <i>Heart failing</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>	
		Address <i>Pocomoke City, Md</i>	
Accident or Suicide?			



Name in Full		Chilform Armstrong				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		In Mount-Wheatley		Worcester			
Date of death		1905	Month	Day	Years	Months	Days
		Jan		21		6	
Sex		male		Color or Race		Colored	
Occupation				Where Residing if not at place of death		Birth-place	
						Wicomico	
Married, Single or Widowed		Single		Name of Wife or Husband		Olouza Armstrong	
Father's Name		George Armstrong				Father's Birthplace	
						New Hope	
Mother's Maiden Name		Ariscular Armstrong				Mother's Birthplace	
						Worcester	
Name of person giving information		Lew: Armstrong				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		Croup				How long	
Immediate						How long	
						2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None	
				Address		Snow Hill	
		Worcester				Maryland	
Accident or Suicide?		County					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Snow Hill

Town

Worcester

County

Date

1905

Month

Jan

Day

21

Years

2

Age

Months

1

Days

Sex

Female

Color or
Race

colored

Birth
place

Snow Hill

Occupation

Where Residing if not
at place of death

Snow Hill

Married, Single
or Widowed

Single

Name of ~~Wife or~~
Husband

Irving Armstrong

Father's
Name

Purnell Armstrong

Father's
Birthplace

Md

Mother's
Maiden Name

Harriette Armstrong

Mother's
Birthplace

Md

Name of person giving
information

Sarah Kinn

How related
to deceased

none

CAUSES OF DEATH

Primary

Croup

How long

5 weeks

Immediate

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Dr. J. S. Aydlott

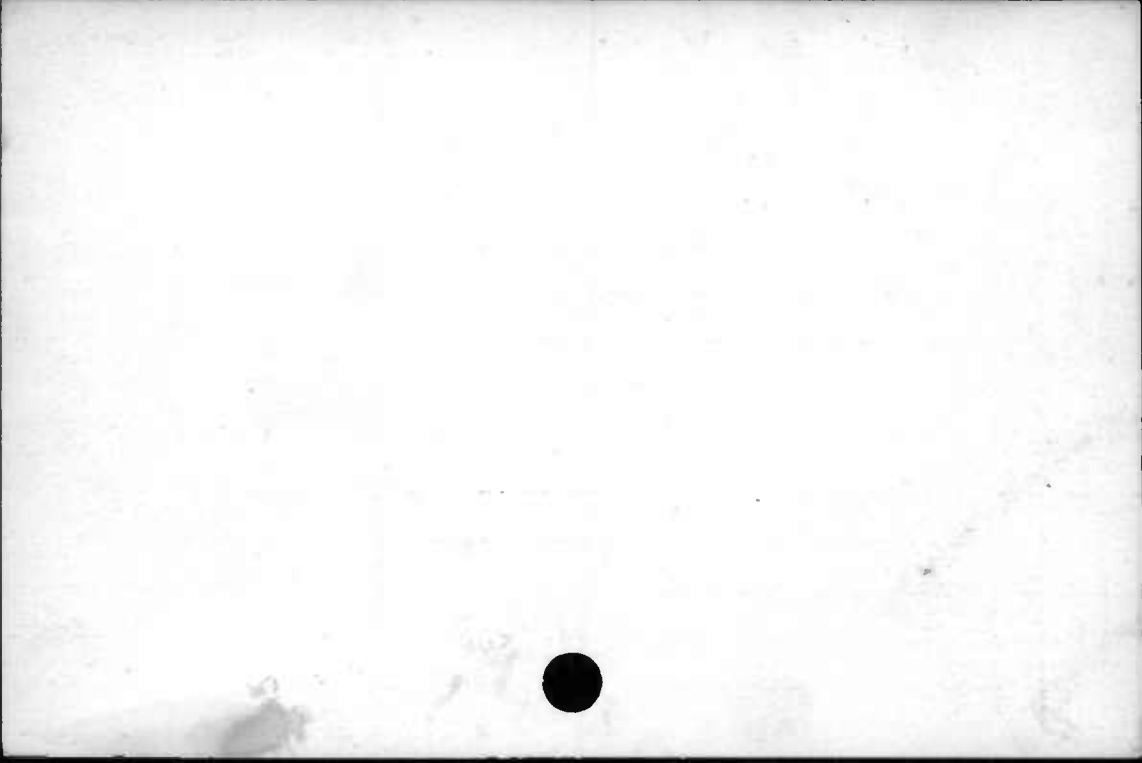
Address

Snow Hill

Accident or Suicide?

Accident

Maryland



Name
in
Full

Marya Ballard

CERTIFICATE OF DEATH

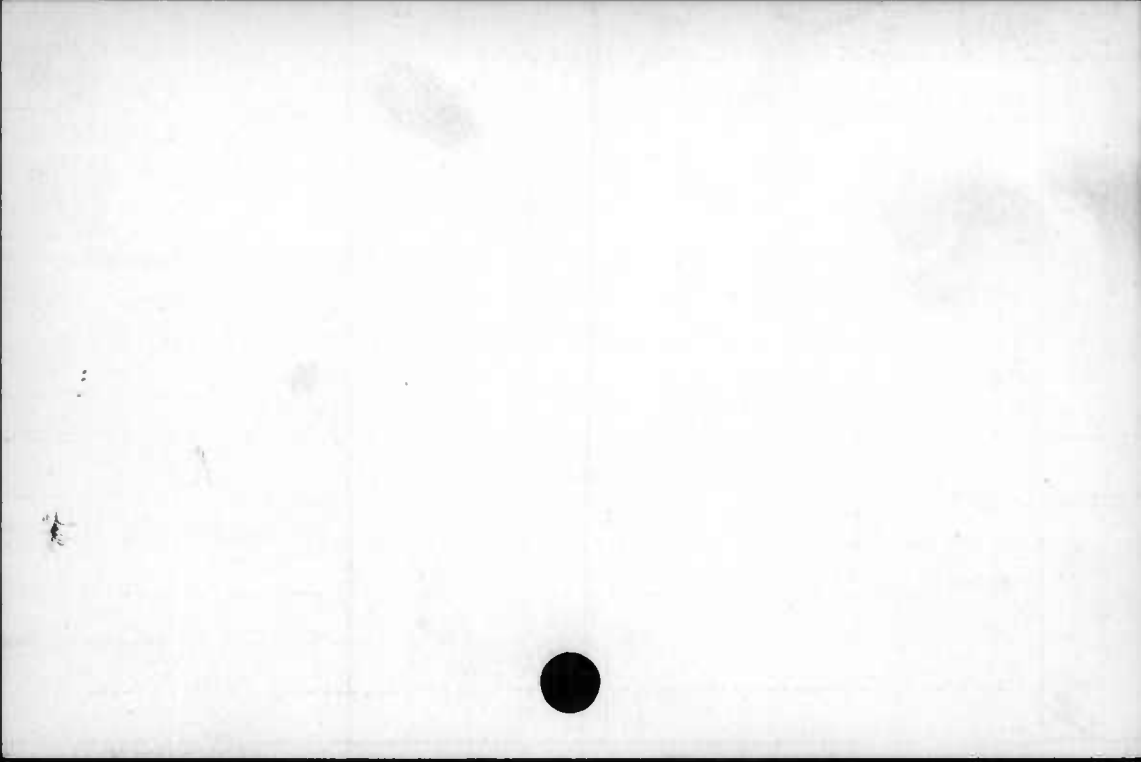
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death 1905		Month Jan	Day 16	Age Years 82		Months	Days
Sex Female		Color or Race colored		Birth- place Worcester Co			
Married, Single or Widowed Widow				Occupation Domestic			
Name of Wife or Husband Lanue Ballard							
Father's Name Darius Jones				Father's Birthplace " "			
Mother's Maiden Name Lydra Lane				Mother's Birthplace " "			
Name of person giving In formation Chas Ballard				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexy	How long a few hours
Immediate Paralysis	How long "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Samuel S. Linn
	Address Pocomoke City Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

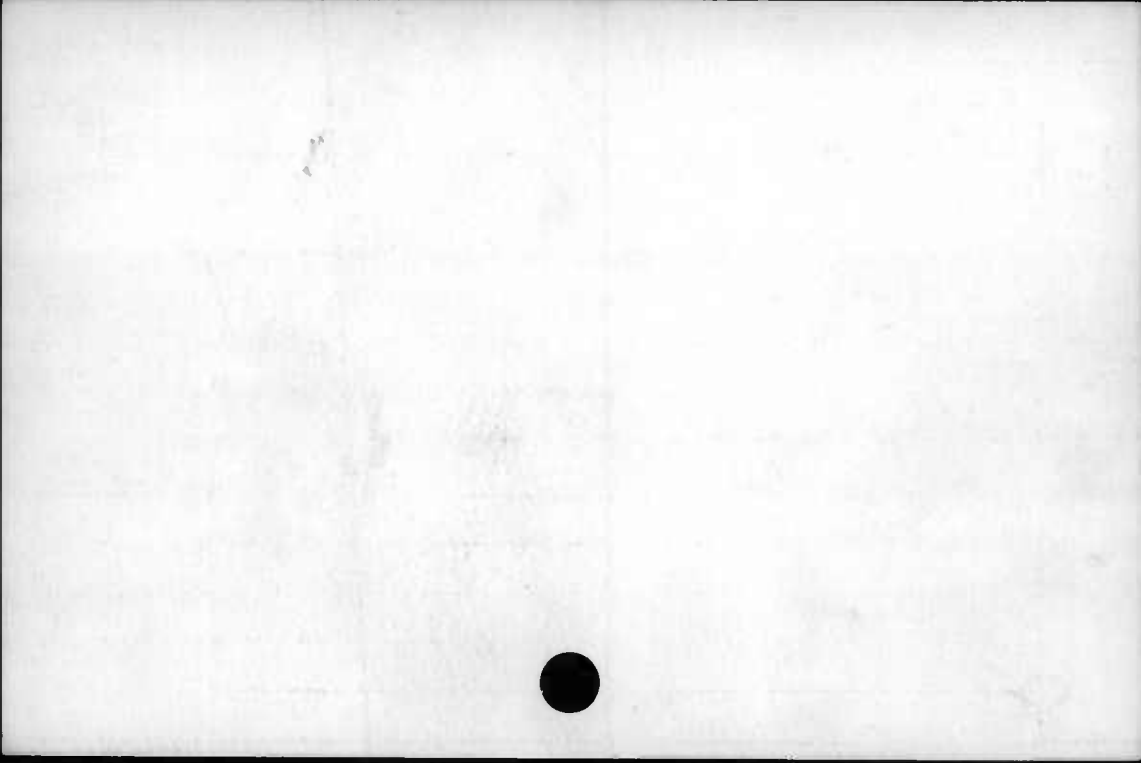
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Roland E Berans		Town Palomoke city		County Worcester		MARYLAND	
Died at Palomoke city		Month Jan		Day 15		Age 90	
Date of death 190 5		Months 90		Years 90		Days 90	
Sex Male		Color or Race White		Birth-place Worcester Co			
Married, Single or Widowed Single		Occupation Farmer					
Name of Wife or Husband Widdow		Sally Delagorio					
Father's Name Joshua Berans		Father's Birthplace Worcester					
Mother's Maiden Name George Berans		Mother's Birthplace Worcester					
Name of person giving information George Berans		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Indigestion, Cystitis		How long 4 weeks	
Immediate exhaustion		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Samuel R. R. R.	
		Address Palomoke City	
Accident or Suicide?			



Name
in
Full

Rosie A. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

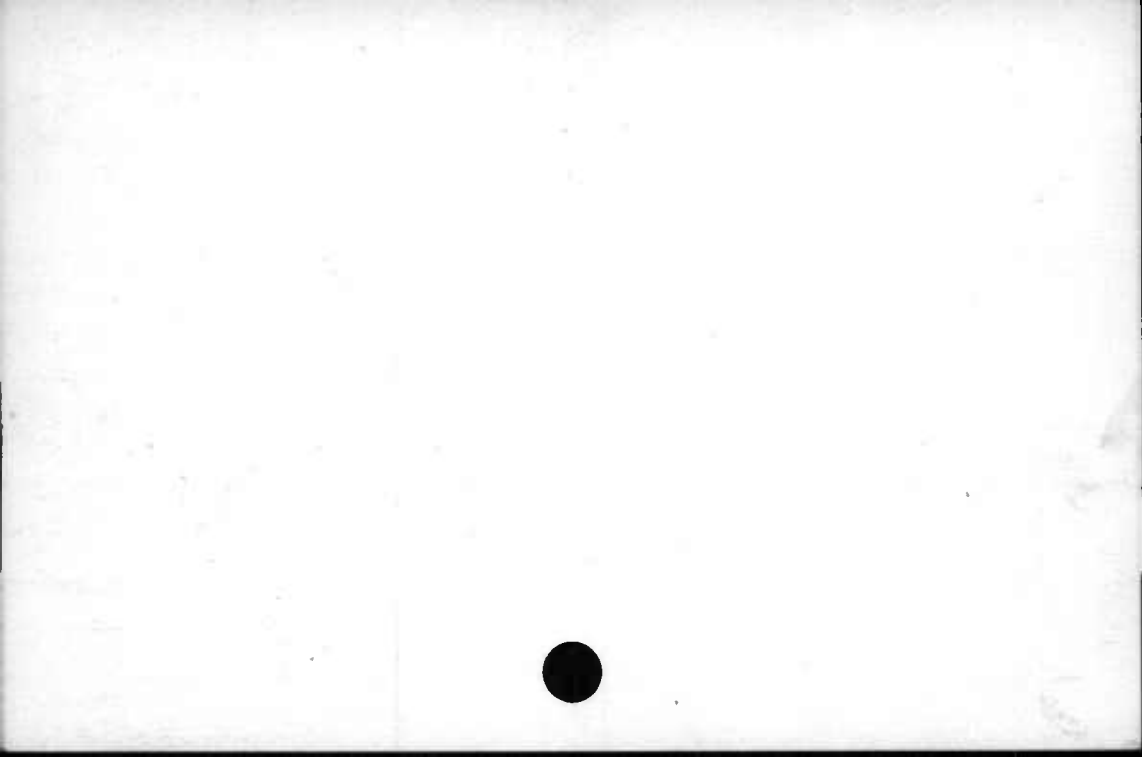
Died at		Town Spartanburg		County Worcester		MARYLAND	
Date of death		1901	Month Jan	Day 10	Age 45	Months —	Days —
Sex	Female		Color or Race	Colored		Birthplace	md
Occupation	house wife			Where Residing if not at place of death		md	
Married, Single or Widowed	married		Name of Wife or Husband		Nora Collins		
Father's Name	Stephen Boyer					Father's Birthplace	md.
Mother's Maiden Name	Mary Price					Mother's Birthplace	md
Name of person giving information	Mary Price					How related to deceased	mother

CAUSES OF DEATH

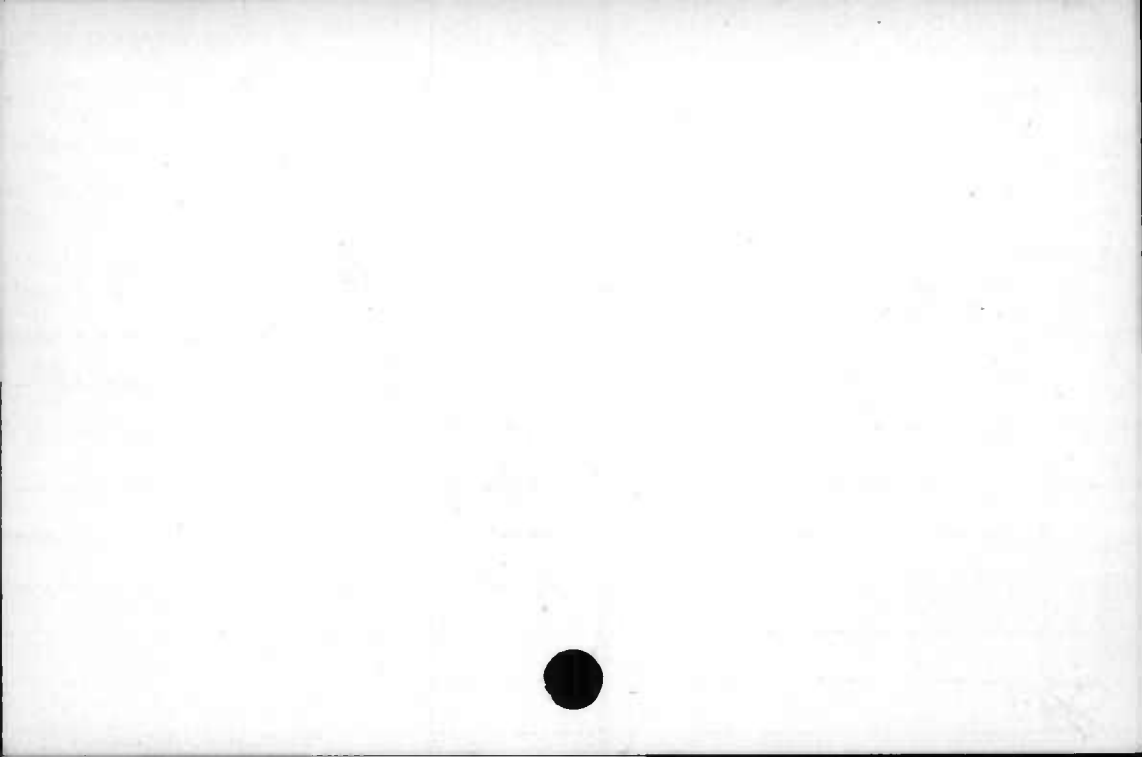
PHYSICIAN
OR CORONER

Primary	Hemorrhage	How long	85
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. S. Aydlott
		Address	

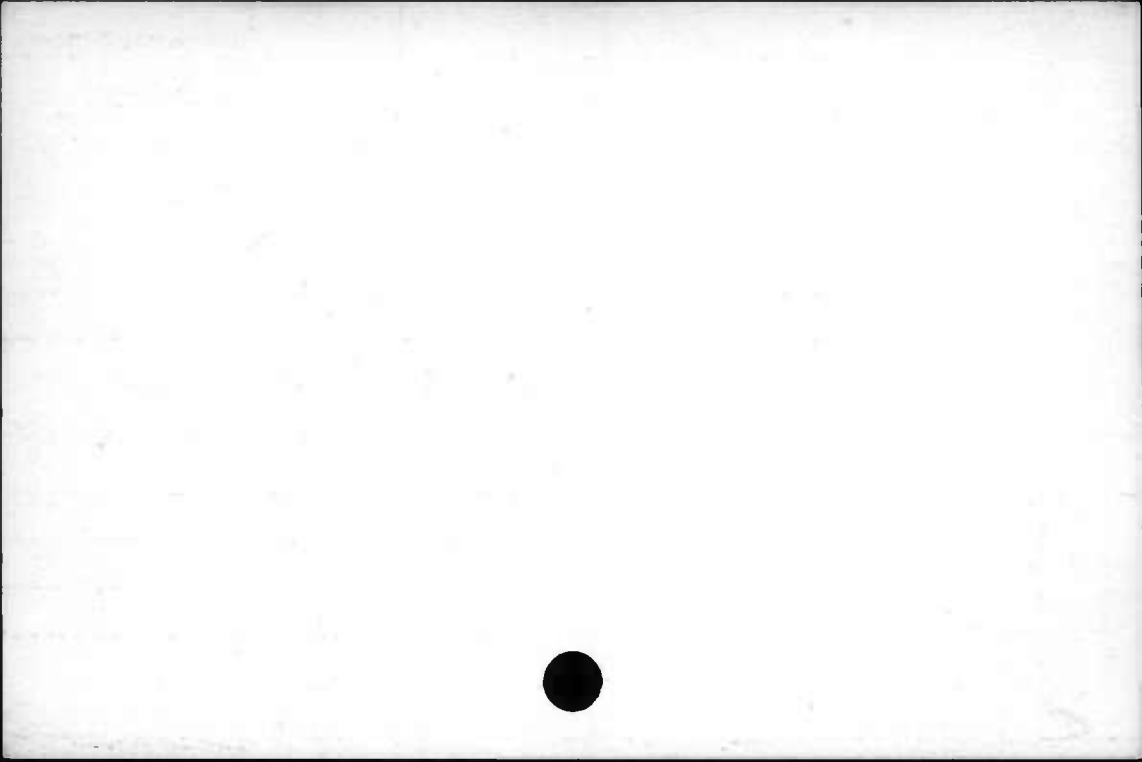
Accident or Suicide?



Name in Full		Lizzie Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Howell</i>		Town <i>Howell</i>		County <i>Worcester</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>Jun</i>	Day <i>27</i>	Years <i>20</i>	Months	Days	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
	Occupation <i>House work</i>		Where Residing if not at place of death <i>At home</i>				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Green Davis</i>					
	Father's Name <i>John Bodley</i>	Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Ellen Sturgis</i>	Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Dr R P Collins</i>				How related to deceased <i>None</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Consumption</i>				How long .		
	Immediate <i>No</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R P Collins</i>				
	<i>T Rayne Bishopsville</i>		Address				
	Accident or Suicide? <i>No</i>						



Name in Full		GEO. M. DENNIS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shrewsbury		County		Worcester
	Date of death		1905	Month	Jan	Day	30
	Age		55		Years		Months
	Sex		Male		Color or Race		Colored
	Occupation		Labor		Birth-place		Ind
	Where Residing If not at place of death		Ind				
	Married, Single or Widowed		Married		Name of Wife or Husband		May Dennis
	Father's Name		Wilson Dennis		Father's Birthplace		Ind
Mother's Maiden Name		Peggie Townsend		Mother's Birthplace		Ind	
Name of person giving information		Wm L. Dennis		How related to deceased		Grandson	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Aneurism		How long		24 months
	Immediate				How long		3 1/2 Days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. J. S. Ayblotte		
	Address		Worcester			Shrewsbury	
	Accident or Suicide?		County		Maryland		



Name in Full Maria E Gale		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Near Patomock <small>Town</small>		Woodslee <small>County</small>
	Date of death 1905 Jan 7 <small>Month Day</small>		1 <small>Years</small>
	Sex Female	Color or Race Colored	Birth-place Woodslee Co
	Occupation Infant	Where Residing if not at place of death Patomock city	
	Married, Single or Widowed I	Name of Wife or Husband -	
	Father's Name Israel Gale	Father's Birthplace Woodslee Co	
	Mother's Maiden Name Sallie Bayne	Mother's Birthplace " "	
Name of person giving information Jno Gale		How related to deceased Sister	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia in Head		How long 2 months
	Immediate Brain trouble		How long a few days
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Samuel A. [Signature]
			Address Patomock city
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jane Hamphir* Town *Berlin* County *Hancock* MARYLAND

Died at *Berlin*

Date of death 1905 Month *Jan* Day *12* Age *8-3-* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

☐ Married, Single or Widowed Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *George C. Briddell* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate *Apoplexy* *64* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ebe Holland* Address *Berlin Md*

8 ☐ Accident or Suicide?



Name
in
Full

Martha C. Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Newark ^{County} Worcester MARYLAND

Date of death 1905 / 1 / 27 Age 68 Months — Days —

Sex Female Color or Race White Birth-place Ind

Occupation Housekeeper Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information R. J. Harmon How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cough (93) How long 6 weeks

Immediate Pneumonia How long 2 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Elliott Address Snow Hill Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah F. Cassidy

Town *Berlin* County *Worcester* MARYLAND

Died at *Berlin*

Date of death *1900* Month *Jan* Day *12* Age *50* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Isaac Cassidy*

Father's Name *George Davis* Father's Birthplace *—*

Mother's Maiden Name *Mary Porter* Mother's Birthplace *—*

Name of person giving information *John Rider* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tertiary Syphilis* How long *66.*

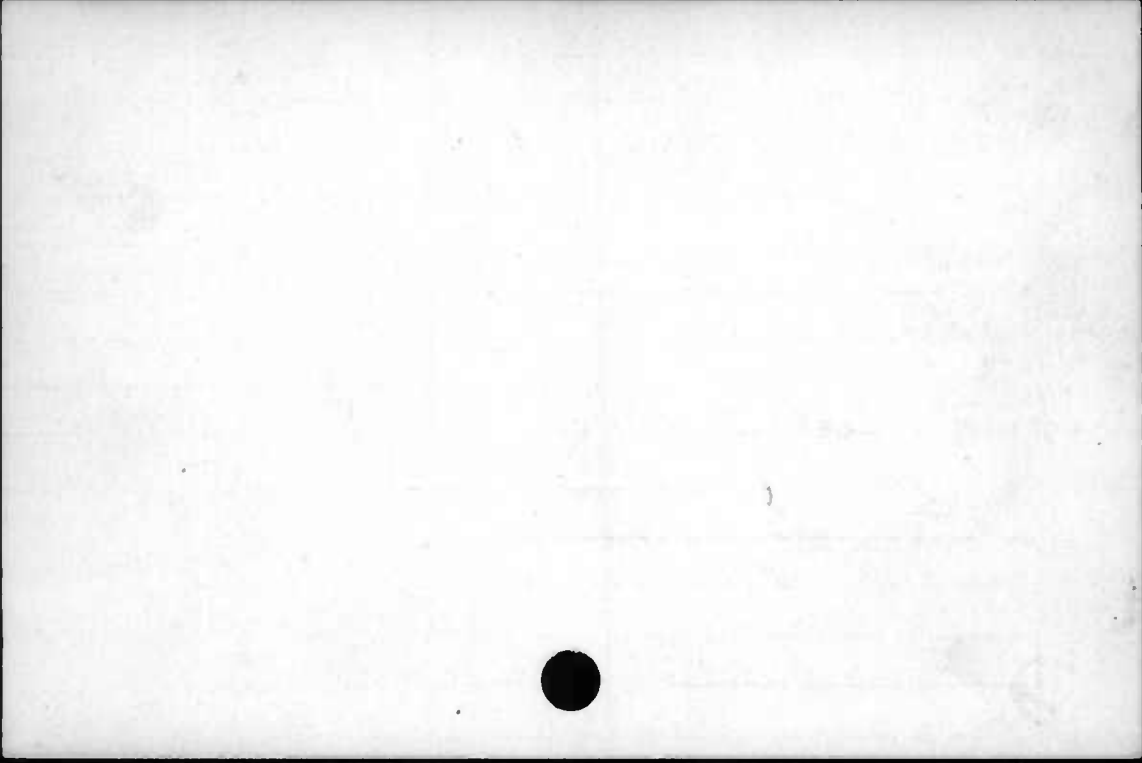
Immediate *Tertiary Syphilis* How long *seventeen years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ebe Holladay*

Address *Berlin Md*

Accident or Suicide? *—*



Name
In Full

Mary J Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		5	Month	17	Day	85	Years
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Widow		Occupation		Domestic	
Name of Wife or Husband		John Lee					
Father's Name		Not Known		Father's Birthplace			
Mother's Maiden Name		Betsy Marshall		Mother's Birthplace			
Name of person giving information		Ernie Mills		How related to deceased		Grandson	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Softening	How long	6 mo
Immediate	Paralysis	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Samuel L. [Signature]	
		Address	
		Pawmoke city Md	
Accident or Suicide?			



Name
in
Full

King Nicholson

CERTIFICATE OF DEATH

MARYLAND

Died at 8 miles from ^{Town} Berlin^{County} Worcester

Date of death 1905 9

Month

Day 31

Day

Age 16

Years

Months

Days

Sex

male

Color or
Race

white

Birth
place

in Wor Co

Occupation

Lawn boy

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W. Nicholson

Father's
BirthplaceMother's
Maiden Name

Lizzie Bradford

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Epilepsy

How long

69 years

Immediate

Status Epilepticus

How long

about 4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. W. Drickson

Address

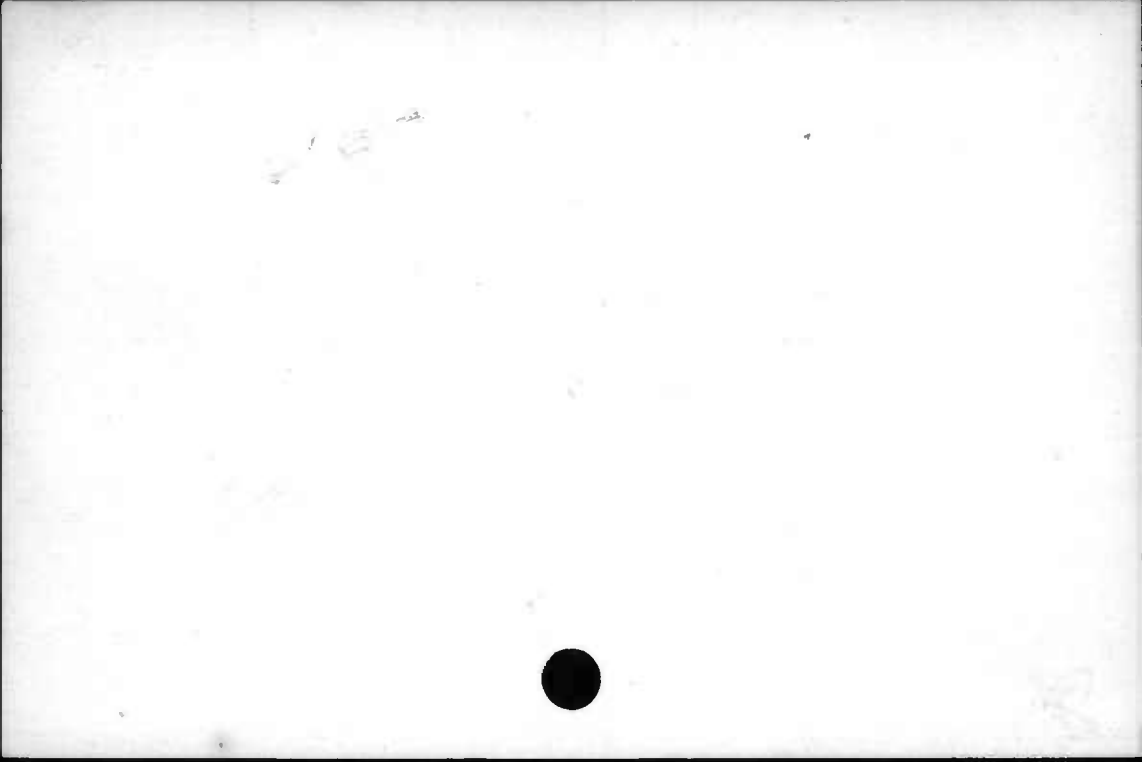
Berlin

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

James R Parsons

Town

County

MARYLAND

Died at *Near Berlin*

Worcester

Date

Month

Day

Age

Months

Days

of death *1905*

1

27

72

Sex

Male

Color or
Race

White

Birth-
place

W.C.

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Pennwell

Father's
Name

Father's
Birthplace

W.C.

Mother's
Maiden Name

Mother's
Birthplace

"

Name of person giving
In formation

Mr. Cathell

How related
to deceased

CAUSES OF DEATH

Primary

Heart Failure

How long

about 1 hour

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

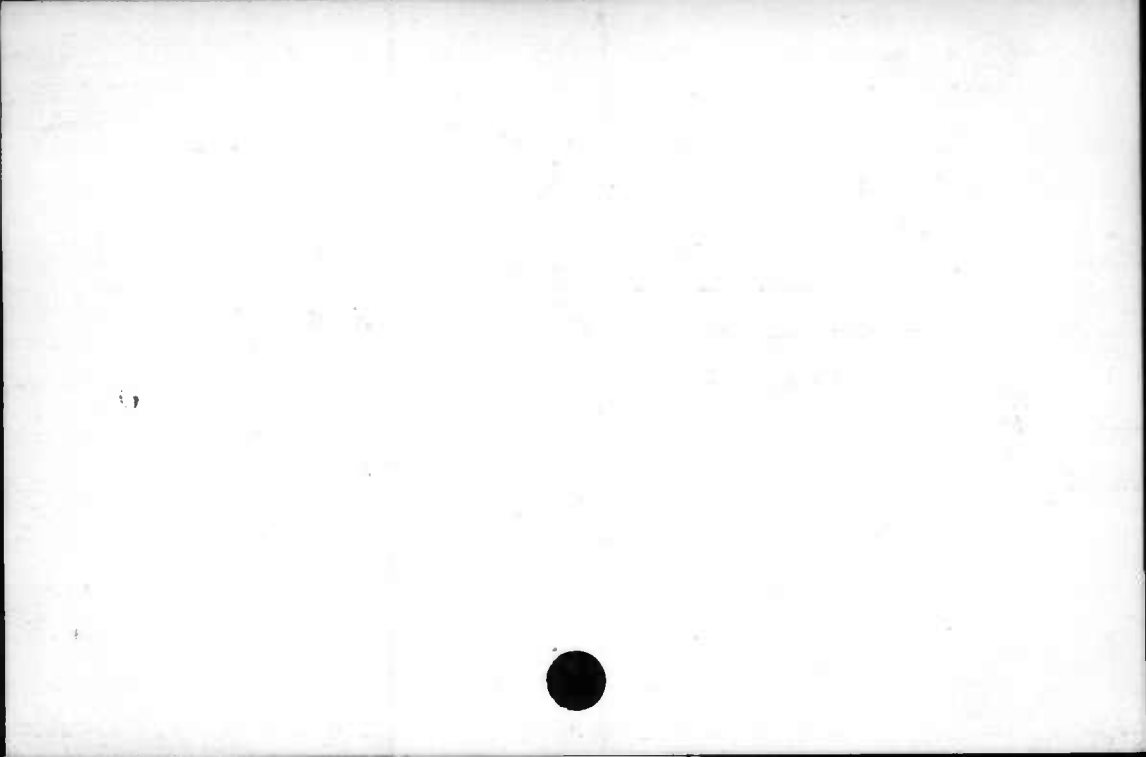
Address

Had none

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke City -		County Worcester		MARYLAND	
Date of death 1905	Month Jan	Day 10	Age 5	Years 0	Months 0
Sex Female	Color or Race Black	Birthplace Pocomoke City -			
Married, Single or Widowed Single			Occupation None		
Name of Wife or Husband Benjamin Rice					
Father's Name Benjamin Rice			Father's Birthplace Virginia		
Mother's Maiden Name Mary Worthing			Mother's Birthplace Pocomoke City		
Name of person giving information Mary Rice			How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Strick Born	How long S.
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Ivina Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month	Day	Years	Months		Days
1905		Jan	26	Age	103		
Sex		Female		Color or Race		colored	
Occupation				Birth-place		Ind.	
Where Residing if not at place of death				Ind			
Married, Single or Widowed		Name of Wife or Husband					
		Handy Simmons					
Father's Name		unknown				Father's Birthplace	
						unknown	
Mother's Maiden Name		unknown				Mother's Birthplace	
						unknown	
Name of person giving information		P. A. Armstrong				How related to deceased	
						none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	6 months
Immediate		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		None W. S. Williams	
Worcester		Address	
County		Snow Hill MD	
Accident or Suicide?		Maryland	



me
in
Full

Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

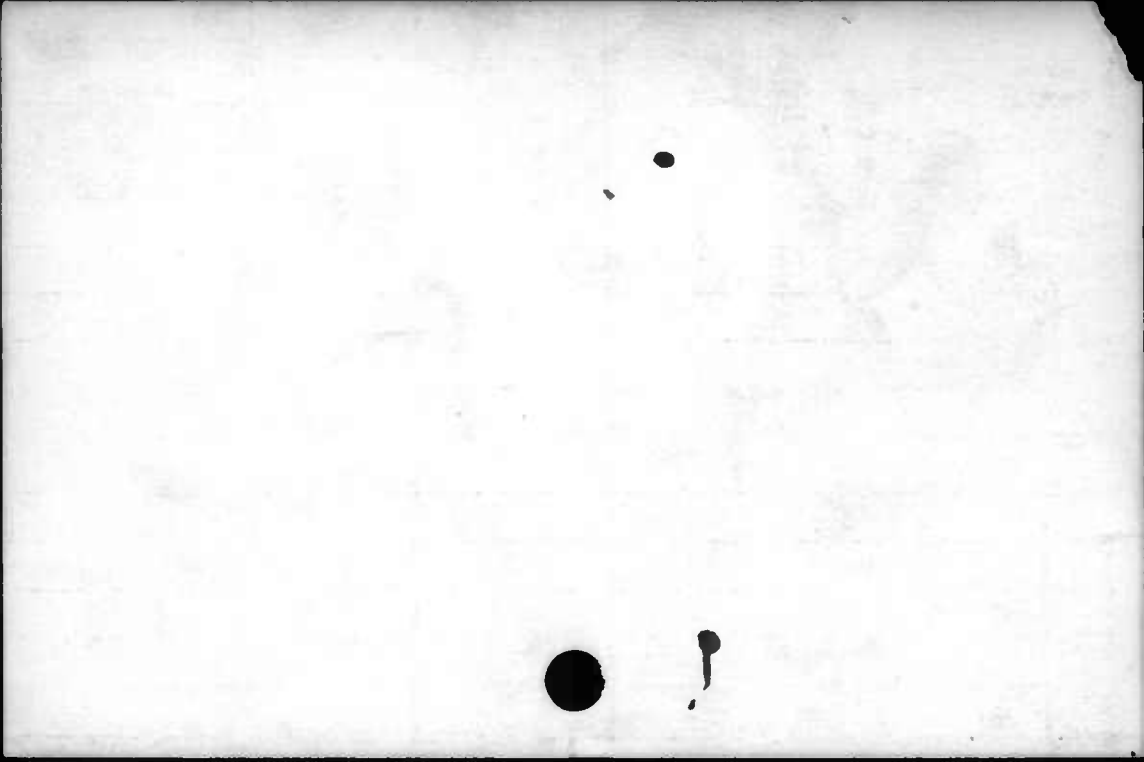
MARYLAND

Died at		Town Melbourne		County Morcester			
Date of death		Month 1	Day 14	Age 3	Years 11	Months 6	Days 1
Sex		Color or Race Cark		Birth place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Dave Ward				Father's Birthplace Va	
Mother's Maiden Name		Lucy Wise				Mother's Birthplace Va	
Name of person giving information		Dave Ward				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still born S.		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?					



Name
in
Full

Delie Wilkerson

5-1-V

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Bishopsville* ^{Town} *Wilkes* ^{County} *Maryland*

Date of death *1905* ^{Month} *Jan* ^{Day} *28* ^{Years} *38* ^{Months} ^{Days}

Sex *Female* ^{Color or Race} *White* ^{Birthplace} *Maryland*

Occupation *House work* ^{Where Residing if not at place of death} *At home*

Married, Single or Widowed *Married* ^{Name of Wife or Husband} *Setler Wilkerson*

Father's Name *John B. Fisher* ^{Father's Birthplace} *Maryland*

Mother's Maiden Name ^{Mother's Birthplace}

Name of person giving information *J. R. P. Collins* ^{How related to deceased} *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Abortion* ^{How long} *5 days*

Immediate *No* ^{How long} *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* ^{Signature of Physician} *R. P. Collins*

T. Bryner Bishopsville ^{Address} *Bishopville*

Accident or Suicide? *Chd* *Ind*

